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Applicants: Kim et al. Examiner: Chien, Lucy P
 Serial No.: 10/799, 307 Group Art Unit: 2871
 Filed: March 12, 2004 Docket: 8054-50 (LW9007US/HJ)
 For: ARRAY SUBSTRATE AND REFLECTIVE-TRANSMISSIVE TYPE
 LIQUID CRYSTAL DISPLAY APPARATUS HAVING THE SAME

MAIL STOP AMENDMENT

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL FORM

Sir:

Transmitted herewith is an amendment in the above-identified application.

- Small entity status of this application under 37 C.F.R. § 1.9 and 1.27 has been established by a verified statement previously submitted.
 A verified statement to establish small entity under 37 C.F.R. § 1.9 and 1.27 is enclosed.
 No additional fee is required.

The fee has been calculated as shown below:

(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY	OTHER THAN SMALL ENTITY		
CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE OR	ADDIT. RATE	ADDIT. FEE
TOTAL 25*	MINUS 25**	= 0	X 25	\$ 0 X 50		\$ 0
INDEP. 4*	MINUS 4***	= 0	X 100	\$ 0 X 200		\$ 0
[] FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			X 180	\$ X 360		\$ 0
			TOTAL		OR TOTAL	\$ 0
			<u>ADDIT. FEE</u>	<u>\$ 0</u>		

* If the entry in Co. 1 is less than entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest No. Previously Paid For" IN THIS SPACE Is less than 3, enter "3".

The "Highest No. Previously Paid For" (TOTAL or INDEP.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

- Please charge Deposit Account No. ____ in the amount of \$ ___. Two (2) copies of this sheet are enclosed.
- Please charge fee of \$ __ for _____ by Credit Card Payment Form PTO-2038 enclosed herewith
- Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. § 1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. 50-0679. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. 50-0679 therefor. **TWO (2) COPIES OF THIS SHEET ARE ENCLOSED.**

F. CHAU & ASSOCIATES
 130 Woodbury Rd
 Woodbury, NY 11797
 Tel: (516) 692-8888
 Fax: (516) 692-8889

Respectfully submitted,

Frank Chau
 Reg. No. 34,136
 Attorney for Applicant

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, postpaid in an envelope, addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-4150 on October 26, 2005.

Dated: October 26, 2005

Frank Chau

PATENT APPLICATION FEE DETERMINATION RECORD
Effective December 8, 2004

10/799 307

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20 =	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	10/28/05	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	* 25	Minus	** 25 =
Independent	* 4	Minus	*** 4 =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE	OTHER THAN OR. SMALL ENTITY
RATE	FEES
BASIC FEE	150.00
OR	BASIC FEE 300.00
X\$ 25=	
OR	X\$50=
X100=	
OR	X200=
+180=	
TOTAL	OR TOTAL

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	* Minus	** =	
Independent	* Minus	*** =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE	OTHER THAN OR. SMALL ENTITY
RATE	ADDITIONAL FEE
X\$ 25=	
OR	X\$50=
X100=	
OR	X200=
+180=	
TOTAL ADDIT. FEE	OR TOTAL ADDIT. FEE

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	* Minus	** =	
Independent	* Minus	*** =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 25=			X\$50=
OR		OR	X200=
X100=		OR	+360=
+180=		OR	TOTAL ADDIT. FEE
TOTAL ADDIT. FEE	OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 25=			X\$50=
OR		OR	X200=
X100=		OR	+360=
+180=		OR	